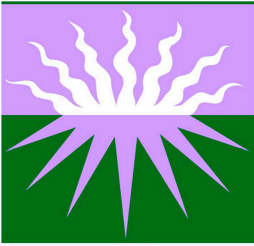


As Above, So Below



As Within, So Without

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Wholistic Spiritual Counseling & Intuitive Services

QUESTIONNAIRE - please complete & return before 1st session

Name: _____ Birthdate: _____ Today's date: _____

Address: _____

Landline/Fax: _____ Cell: _____ Email: _____

Job Title with Brief Description: _____

Feel free to write all you'd like to, using another page if desired

1. Briefly describe your spiritual practice and/or list the personal growth tools regularly used.

2. List at least 10 words/phrases that describe who you know yourself to be.

3. Allow yourself to get quiet and comfortable, then answer the question: "What do I most desire?"

4. Again, get quiet and look within to truthfully answer, "What do I most fear?"

5. Now list or describe the activities that you enjoy, and do, on a regular basis.

6. What do you really enjoy yet seldom participate in?

7. Any relevant diagnostic history or previous therapy issues you're willing to share?

8. What do you hope to receive from our work together?